

## APPROVAL OF CONSENT AGENDA

**TOWN OF DAVIE  
TOWN COUNCIL AGENDA REPORT**

**TO:** Mayor and Councilmembers

**FROM/PHONE:** Dennis Andresky, Parks and Recreation Director 954 797-1150

**PREPARED BY:** Bette S. Gibson, Recreation Coordinator 954 797-1089

**SUBJECT:** Resolution

**AFFECTED DISTRICT:** District 2 and Town Wide

**ITEM REQUEST:** **Schedule for Council Meeting**

**TITLE OF AGENDA ITEM:** A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE MAYOR TO EXECUTE AN AGREEMENT WITH GYM-BAZ, LLC TO PROVIDE A GYMNAS TIC PROGRAM AT THE DAVIE PINE ISLAND MULTIPURPOSE CENTER.

**REPORT IN BRIEF:** A Request For Proposal was advertised in the Sun-Sentinel and posted on the Town's website. Additionally, the RFP was mailed directly to twelve (12) potential bidders. Gym-Baz, LLC was the only responding bidder to offer a gymnastic program at Pine Island Park. February 6, 2007, the Town's Bid Spec Committee reviewed and approved Gym-Baz, LLC as the gymnastic provider at the Davie Pine Island Multipurpose Center. The instructor will receive 75% of the registration fee with 25% of their registration fee retained by the Town if the class size is 25 or less participants; or 80% of the registration fee with 20% retained by the Town of Davie if the class size is 26 or more participants. Staff has verified qualifications, experience and capability to perform the requirements for a gymnastic program, and has determined that Gym-Baz, LLC has the necessary staff, expertise, skills and capabilities to provide the required services. Gym-Baz, LLC, has provided required insurance for this program. Gym-Baz, LLC is an active Corporation with the Florida Department of State Division of Corporations. Staff recommends approval of the resolution as presented. As requested at the 10/3/07 Town Council meeting, a check was made to determine if the vendor had or needed to have a Broward County and/or Davie occupational license. A Broward County Occupational License ( now known as a Broward County Local Business Tax Receipt) is needed and was obtained by the vendor (copy attached). A Davie Occupational License is not required for this vendor at this time.

**PREVIOUS ACTIONS:** On 10/3/07 Council tabled this item to 10/17/07 requesting a Broward County Occupational License be attached to the backup.

**CONCURRENCES:** Standard contractual agreement previously approved by Attorney Control # 01-0910.

**FISCAL IMPACT:** not applicable

Has request been budgeted? n/a

If yes, expected cost:

Account Name:

If no, amount needed:

What account will funds be appropriated from:

Additional Comments: Instructor collects all program registrations fees (projected at \$12,000), Instructor turns the fees into the Town as revenue. Town retains 20% - 25% as revenue.

**RECOMMENDATION(S):** Motion to Approve the Resolution

**Attachment(s):** Resolution, Instructors Contract, Corporate Information, Insurance.

RESOLUTION \_\_\_\_\_

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA,  
AUTHORIZING THE MAYOR TO EXECUTE AN AGREEMENT  
WITH GYM-BAZ, LLC TO PROVIDE A GYMNASTIC PROGRAM  
AT THE DAVIE PINE ISLAND MULTIPURPOSE CENTER.

WHEREAS, the Town of Davie desires to offer a gymnastic program at Davie  
Pine Island Multipurpose Center; and

WHEREAS, the Town conducted an Request For Proposal for gymnastic program  
services and Gym-Baz, LLC., the sole vendor to respond to the Request for Proposal, was  
selected by the Towns Bid Selection Committee for bid award, and

WHEREAS, after review, the Town Council wishes to authorize the Mayor to  
execute a contract with Gym-Baz, LLC for said service.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN  
OF DAVIE, FLORIDA:

SECTION 1. The Town Council of the Town of Davie authorizes the Mayor to  
execute a contract with Gym-Baz, LLC to provide a gymnastic program at the Davie  
Pine Island Multipurpose Center.

SECTION 2. This resolution shall take effect immediately upon its passage and  
adoption.

PASSED AND ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2007

\_\_\_\_\_

ER

ATTEST:

\_\_\_\_\_

\_\_\_\_\_

MAYOR/COUNCILMEMB

TOWN CLERK  
APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2007

**TOWN OF DAVIE  
INSTRUCTOR'S CONTRACT**

INSTRUCTOR'S NAME: Ali Hammoud Class Title: Gym-Baz, LLC Gymnastic Program  
Dates of Session: Tuesdays  
Class Fee: Pre school \$65/beginners & advanced \$75 and Intermediate & cheerleader \$85 monthly fee /one class per week  
Instructor's Fee per Resolution R01-269 (25 participants or less per class 75% to Instructor, 25% to Town)  
(26 participants or more per class 80% to Instructor, 20% to Town)  
Number of Participants in class: 6-26  
Contract Begins the day of October 1, 2007 - September 30, 2009  
Class Meets at: Facility: Pine Island Park Room: Gymnasium  
Times: 3:30-6:30 p.m. Days of Week: Tuesday  
Summer hours - 3:00 - 6:00 p.m

The Town of Davie and Ali Hammoud/Gym-Baz, LLC, hereafter known as the instructor, enter into this agreement on \_\_\_\_\_, whereby the Town of Davie will receive the registration money and forms, and the instructor will receive the amount stated above which shall be 75% or 80% of the registration fee with 25% or 20% of the registration fee and all non-resident fees retained by the Town of Davie. All registrations and registration fees collected must be turned in to the Parks and Recreation Department on a daily basis.

The instructor will provide all class materials and equipment needed or pertaining to the above stated class. The instructor also acknowledges responsibility in handling any and all income taxes derived from the instructor's fees. (The instructor is actually self-employed and is contracting the class from the Town of Davie.) Insurance such as personal health care or workmen's compensation is not provided by the Town of Davie. No payment will be given for holidays or unscheduled overtime. The instructor will notify students if he/she cannot teach class any day and reschedule missed session. Instructors will be paid as agreed with the Town.

**Special Conditions:**

1. Final approval of requests for extension or renewal of this agreement is at the sole discretion of the Town.
2. The Town reserves the right to cancel class(s) as deemed necessary. In the event the Town needs to cancel a class, the Town will (a) allow for the scheduling of a make up class based on mutual agreement between the Instructor and the Town or (b) provide a substitute area, if available.
3. The vendor must provide information, data and fingerprints to the Town as needed for processing of a level II Florida Department of Law Enforcement background screening, prior to the start of class/program. FDLE background screening must be redone on an annual basis.
4. The RFP processed for this service/vendor is a part of this contract by reference.

The instructor is to provide the Town of Davie a certificate of insurance for one million dollars (\$1,000,000.00) naming the Town of Davie as additional insured. The certificate must be valid the entire length of the contract.

Instructor agrees to support the Town of Davie **Scholarship Program**. The scholarship program offers an opportunity for students who cannot afford to pay for classes the chance to participate. For every ten paid students registered, the instructor agrees to permit the Town of Davie to place one qualified scholarship student into this class at no cost.

Any violation of the above agreement will be reason for immediate termination of this contract.

TOWN OF DAVIE  
Parks and Recreation Department  
6901 Orange Drive  
Davie, FL 33314

INSTRUCTOR  
Full Name(print): Ali Hammoud/Gym-Baz, LLC  
Address: 3243 NE 12 Street Apt #4  
Pompano Beach, Fl 33062

By: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: 954 785-9222 Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Approved: \_\_\_\_\_

Social Security No: \_\_\_\_\_

FIEN #: \_\_\_\_\_





FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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## **Detail by Entity Name**

### **Florida Limited Liability Company**

GYM-BAZ, LLC

### **Filing Information**

**Document Number** L07000008744  
**FEI Number** NONE  
**Date Filed** 01/16/2007  
**State** FL  
**Status** ACTIVE  
**Effective Date** 01/09/2007

### **Principal Address**

3243 NE 12TH ST., APT. #4  
POMPANO BEACH FL 33062

### **Mailing Address**

3243 NE 12TH ST., APT. #4  
POMPANO BEACH FL 33062

### **Registered Agent Name & Address**

HAMMOUD, ALI  
3243 NE 12TH ST.  
POMPANO BEACH FL 33062

### **Manager/Member Detail**

#### **Name & Address**

Title MGRM

HAMMOUD, ALI  
3243 NE 12TH ST.  
POMPANO BEACH FL 33062

### **Annual Reports**

**No Annual Reports Filed**

### **Document Images**

01/16/2007 -- Florida Limited Liability





**Request for Taxpayer  
Identification Number and Certification**

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

**GYM-BAZ LLC**

Business name, if different from above

**GYM-BAZ LLC**

Check appropriate box: ☐ Individual/  
Sole proprietor

☒ Corporation

☐ Partnership

☐ Other ▶

☐ Exempt from backup  
withholding

Address (number, street, and apt. or suite no.)

**3243 NE 12TH STREET, SUITE 4**

Requester's name and address (optional)

City, state, and ZIP code

**POMPANO BEACH, FL 33062**

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number  
| | + | + | | |

or

Employer identification number  
3 | 8 | 2 | 6 | 7 | 7 | 6 | 8 | 4

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign  
Here**

Signature of  
U.S. person ▶

*Al. H. ...*

Date ▶

*8.24.07*

**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

## Town of Davie Vendor/Bidder Disclosure

I, ALI HAMMOUD, being first duly sworn state that:  
The full legal name and business address of the person(s) or entity contracting with the  
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: GYMBAZ LLC

Address: 3243 NE 12 TH STREET  
SUITE 4 POMPANO BCH, FL. 33062

FEIN 382-67-7684

State and date of incorporation MICHIGAN & STATE OF FLORIDA  
1974

### OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Names, Addresses, and Titles of Individual Who Will Lobby:

Full Legal Name	Address	Ownership
<u>ALI HAMMOUD</u>	<u>3243 NE 12TH STREET</u>	<u>100%</u> %
	<u>SUITE 4 POMPANO BCH, FL. 33062</u>	%
		%
		%



2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By:

Ali Hammoud  
Signature of Affiant

Date: 8/24/07

Ali Hammoud  
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 24<sup>th</sup> day of August 2007, by Ali Hammoud, he/she is personally known to me or has presented MI Lic as identification.

NANCY RICE  
Notary Public, State of Florida  
My comm. exp. Dec. 13, 2008  
Comm. No. DD 378883

Nancy Rice  
Notary Public, State of Florida at Large

Nancy Rice  
Print or Stamp of Notary

DD 378883  
Serial Number

My Commission Expires: 12/13/08

<b>ACORD<sup>TM</sup></b>		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YY) 06/12/07		
<b>PRODUCER</b> Freedom Insurance Agency 101 South State Road 7 Plantation, FL 33317 Phone (954)792-3660 Fax (954)791-8019			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
<b>INSURED</b> Gymbaz, LLC. 3243 NE 12 St. Suite 4 Pompano Beach, FL 33062-			<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>	
			INSURER A: Penn America Insurance Co.			
			INSURER B:			
			INSURER C:			
			INSURER D:			
			INSURER E:			
			INSURER F:			
<b>COVERAGES</b> THE POLICIES OF INSURANCE LISTED HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	PAC6599606	06/26/07	06/26/08	EACH OCCURRENCE 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) 50,000 MED EXP (Any one person) 5,000 PERSONAL & ADV INJURY 1,000,000 GENERAL AGGREGATE 2,000,000 PRODUCTS - COMP/OP AGG 1,000,000
	<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/>	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC AUTO ONLY: AGG
	<input type="checkbox"/>	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE AGGREGATE
	<input type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS</b> Gymnastics / Yoga Instructor. Certificate holder is listed as additional insured						
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>		
Town of Davie 6901 Orange Dr. Davie, FL 33314				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE		





NSR NEW

FORM NO. 401-280/AC 25-061  
RV200730729 (Rev. 3/07)

Board of County Commissioners, Broward County, Florida  
**BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT**  
FOR PERIOD OCTOBER 1, 2007 THRU SEPTEMBER 30, 2008

☐ RENEWAL    ☐ TRANSFER    SEC # 34 / 343  
☐ NEW    DATE BUSINESS OPENED 10/04/07

STATE OR COUNTY CERT/REG #  
Business Location Address:  
3243 NE 12 ST  
POMPANO 33062

TAX 45.00  
BACK TAX  
PENALTY  
T.C. FEE  
TRANSFER  
TOTAL 45.00

PENALTIES IF PAID:  
OCT. - 10%    NOV. - 15%  
DEC. - 20%    \*After DEC. 31 - 25%  
\* Plus Tax Collection Fee of up to \$25.00  
Based on Cost of Business Tax if Paid  
On or After November 30.

ACCOUNT NUMBER  
343-0000263

GYMBAZ  
ALT HAMMOUD  
3243 NE 12 ST  
POMPANO BEACH FL 33062

THIS RECEIPT MUST BE CONSPICUOUSLY DISPLAYED  
TO PUBLIC VIEW AT THE LOCATION ADDRESS ABOVE.



TYPE OF BUSINESS TAX PAID  
COUNTY SPORT SCHOOL

BROWARD COUNTY REVENUE COLLECTION  
115 S. Andrews Avenue, Governmental Center Annex  
FORT LAUDERDALE, FL 33301  
www.broward.org/revenue

**2007 - 2008**

PAYMENT RECEIVED AS VALIDATED ABOVE    \*SEE INSTRUCTIONS ON REVERSE SIDE

0000000000 0000004500 0000003430000263 1001 7

REVENUE COLLECTION DIVISION  
BROWARD COUNTY, FLORIDA  
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